

Collaborative Research Opportunities for Addressing Mental Health Policy Issues:

*Highlights from the Feb. 10th Research Advisory Panel on Building
the Infrastructure for Cross-state Policy Analyses*

**Eighteenth Annual State Mental Health Agency Services Research,
Program Evaluation, and Policy Conference**

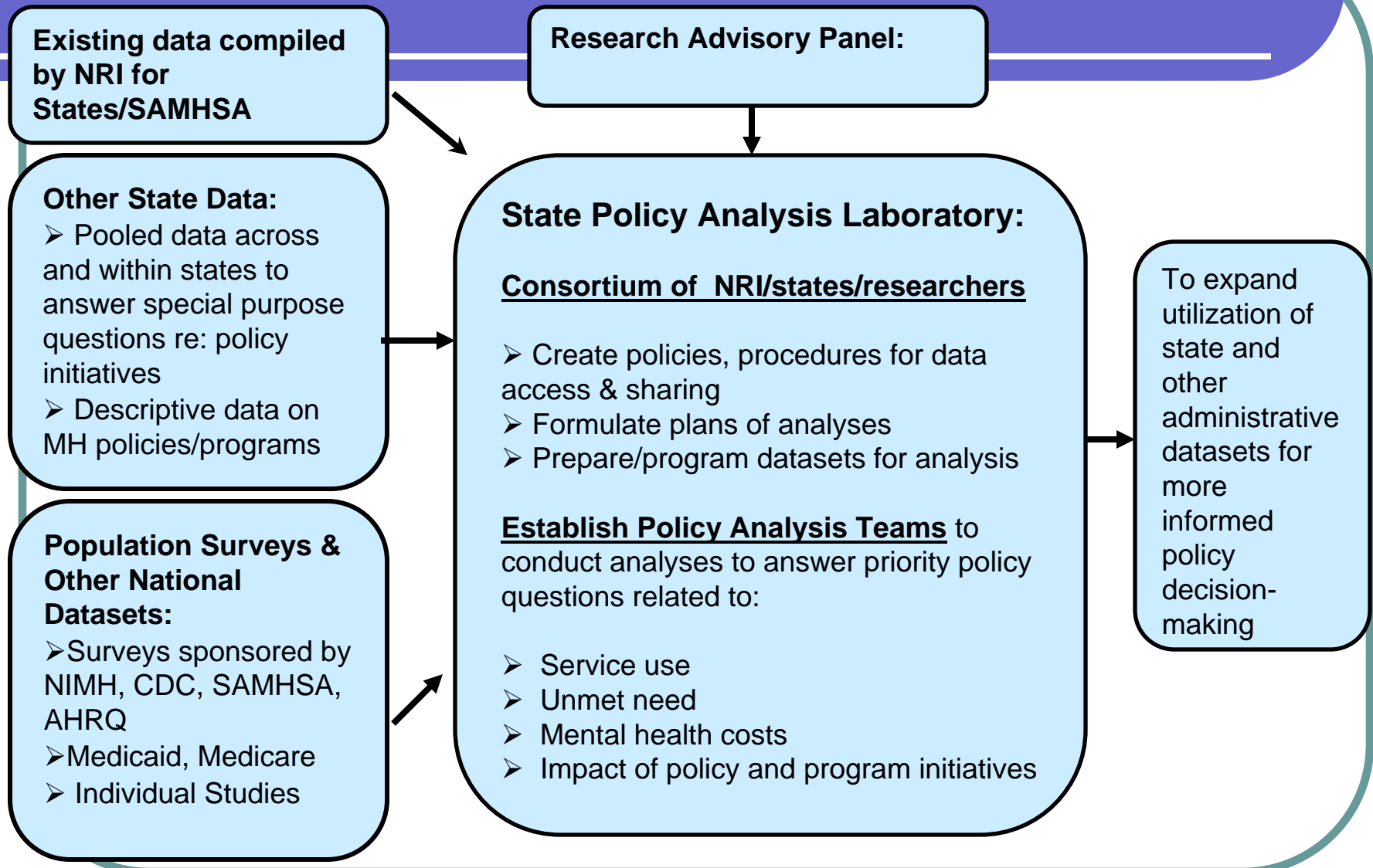
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Conceptual Framework



States are doing many analyses to guide policy decisions. For example:

Missouri

- Cost effectiveness of mental health case management for persons with schizophrenia (using Medicaid claims data to compare spending for psychiatric inpatient/outpatient care, total pharmacy expenditures, psychotropic medication expenditures).

South Carolina

- Frequent users of acute psychiatric care in SC emergency departments: Analysis by cost and diagnosis.

Florida

- Effect of pilot projects utilizing new financing strategies to improve integration of mental health and substance abuse services
- Continuity of care studies for persons released from institutional care

Continued Examples

Connecticut

- Impact of incarceration or diversion to mental health services

Oklahoma

- Following service recipients long term through administrative datasets (e.g., incarceration, probation/parole, arrests, employment, mortality, hospital discharges, Medicaid service utilization)

New York

- Prescribing practices

Maine

- Health status of consumers of mental health care: prevalence, quality of care, and cost for persons with SMI and diabetes

Cross-state analyses would provide the opportunity to use states' pooled data to evaluate natural experiments in policy, delivery systems, & financing

Four Possible Approaches:

1. Facilitating multi-state interest groups (e.g. prescribing practices re: to polypharmacy)
 - Would capitalize on current state activities
 - States could share learnings of their in-state analyses, replicate analyses across states, and pool data for cross-state analyses

Continued Approaches

2. States with data warehouses have particular promise for cross-state analyses (WA, OK, FL, SC, MO)
 - Usually have multi-agency data
 - Get better picture of real mental health needs, services use, and costs across all state agencies
 - Assess impact of policy/program initiatives across state agencies (e.g. when costs are not really reduced from state psychiatric hospital closures, but transferred to jails and emergency care)

Continued Approaches

3. Identify states with specific initiatives in high priority policy areas:

- describing the initiatives;
- describing how states are evaluating these initiatives; and
- exploring whether these states have common data elements that could be analyzed across states

Continued Approaches

4. Identifying common data elements across all states in national data sets and using for policy analyses:

- NRI-compiled data sets including the State Profiles, Revenues and Expenditures study, and the URS
- Medicaid and Medicare data
- Vocational Rehabilitation data sets – annual reporting of closed cases in every state (client level needs, services and cost, outcomes)
- Nursing Home Minimum Data Set (e.g. psychiatric needs and care in nursing homes)

Important Drivers

- States and their policy questions should drive the project
- Focus on mental health as a key health issue for broader public support
- Focus on CQI and management needs for policy decision-making
- Use currently plentiful data (Medicaid, NRI datasets) to show trends and identify new questions with policy implications

Implications

- Could lead to a change in how states collect data and what data are collected (e.g., limitations in only collecting data on SMHAs, versus mental healthcare across state agencies)
- Importance of collaboration between states and researchers
- Consider helping states use their data; develop “Best Practices” for states in how to use their data
- Importance of dissemination – sharing what researchers and states are doing

Major Tasks

1. Assess the utility of data compiled by NRI for conducting policy research, and identify priorities for strengthening and extending these data.
2. Work with states to build a consortium willing to pool additional mental-health related data for policy evaluation, and the infrastructure for such pooling.
3. Conduct cross-state analyses re: mental health policy issues to assess feasibility of Policy Lab.
4. Compile information on state policies and programs relevant to mental health treatment that will provide baseline information for impact policy analyses.